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CHARCOT ON DISEASES OF THE NERVOUS SYSTEM . . . . . 16 PAGES.

## CLINICAL LECTURES.

### ON PROLAPSE OF THE OVARIES.

*A Clinical Lecture delivered at the Hospital of the University of Pennsylvania.*

By WILLIAM GOODELL, M.D.,  
Professor of Clinical Gynecology in the University of Pennsylvania.

GENTLEMEN: On either side of the womb are two small glands, in size and shape very like almonds. They secrete the ova and are, accordingly, called ovaries, and they preside over the individuality of woman as much as the testes do that of man. Very important organs

they, therefore, are, and as such are largely supplied with nerves and blood-vessels. Each one is moored to the womb by a special ligament, and each one lies loosely in a fold of the broad ligament. But, like that of a ship riding at anchor, their position is an unstable one, and they freely play about the womb as their centre of motion. Still, Nature being the best of stevedores, the abdominal cavity is, through her care, so intelligently packed, and its retentive power made so great, that these loosely attached bodies, except through disease, hardly ever become permanently dislocated. Their true position is high up on either side of the fundus of the womb, out of harm's way from the impact of the male organ, and beyond reach of even the examining finger. An

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ovary in its healthy state cannot indeed be ordinarily made out by either suprapubic palpation, or by a vaginal examination, or even by both conjointly.

They have, however, a knack of getting into strange places, and when one plays truant, its fellow is very likely to follow. One ovary has repeatedly been found in the sac of an inguinal hernia, and, if the hernia happens to be double, each ovary will then go astray. One will lodge in the sac of a femoral hernia, and even in that of an umbilical hernia. I found one once in the right labium majus of a young married woman, who was sterile, and once in an old lady of ninety, I felt one in the sac formed by an inverted vagina. When in such abnormal situations, the ovaries usually degenerate, and the woman, like a cryptorchis, is unable to procreate.

At every monthly period the ovaries become turgid with blood, and sink low down from their weight. They can then be often felt and even outlined in Douglas's pouch. When this congestive period is over, they rid themselves of their overfreight of blood, and again float up out of reach. Unfortunately, however, they will sometimes stay turgid, and, consequently, become permanently dislocated. Accompanying this dislocation, there will generally be some uterine lesion, which will stand in the relation either of cause or of effect. Nor could it very well be otherwise, for very close is the vascular and nervous kinship between the two—so close, indeed, that turgidity in the one means erectility in the other. Hence it is not always easy to decide which lesion was primary, and which is secondary.

Any cause, then, tending to a lasting congestion of the reproductive apparatus, is very likely to lead to a prolapse of the ovaries. A torn cervix, an arrest of involution after labor, any backward displacement of the womb will do this. You will frequently find this lesion in barren women. The relation here between cause and effect, is obviously this: In sterile women, the lack of pregnancy and of suckling prevents that much needed break in the constantly recurring catamenia, and the physiological congestions of the

womb, augmented by the sexual congestions, are by ceaseless repetition liable to become pathological. Perverted sexual relations and perverted sexual excitations, are by no means rare causes of this trouble. For instance, I have repeatedly discovered the ovaries low down in women who were shirking maternity. Here an over-stimulation of the whole reproductive apparatus is kept up both by the enforced sterility and by some of the preventive measures employed, which awaken the sexual instinct without appeasing it. So repeated erectility from self-abuse, by ending in a passive congestion of the womb and of the ovaries, tends to these dislocations. The prevalence of this habit in girls is, I think, very much overrated, and yet I have seen several cases of prolapse of the ovaries from this cause. In one, the ectropion of the cervical mucosa was so marked, that it leads me to think that I had discovered the cause of the occasional inversion of the womb in virgins. My note-book shows cases of ovarian prolapse from such imperfect sexual relations as come from the ill-health or the greater age of the husband, and not a few from excessive intercourse. Finally, in thin and unhealthy women of lax fibre, there is an absence of the pelvic padding of fat, and an impairment of the retentive power of the abdomen. Then, again, they lose an erect carriage, and their spine becomes bow-shaped. The pelvis, departing from its natural obliquity, comes to lie more at a right angle to the spine, and the axis of the upper strait, instead of striking a point in the linea alba below the navel, tends now to coincide with that of the trunk. As a result the intestines crowd down into the pelvis and displace the womb and the ovaries.

When one ovary becomes displaced, it is usually the left one. It then lodges more or less low down in Douglas's pouch, and gives rise to a world of trouble. This brings us to the symptoms. First and foremost, is pain in locomotion. As the ovary now lies between the womb and the sacrum, it gets pinched between them at every step. This pain is of a sickening and an unnerving character, and often runs down the corresponding thigh, along

the track of the genito-crural nerve. One of my patient's will, while walking, be suddenly seized with such a pain which either momentarily cripples her, or lasts so long as to compel her to return home at once in a car. Her left ovary behaves like a loose cartilage in the knee-joint, and has, for some reason, slipped down so low as to get nipped. She always gets relief by putting herself on her knees and breast, a postural method which I shall shortly describe to you. A second symptom is a throbbing pain while the rectum is loaded, and an agonizing pain during defecation. This arises from the grating of the hardened feces over these tender glands. A third one, is painful coition, for the ovaries are now so low down as to be hit by the male organ. A fourth, is gusts of pain radiating from one groin. Another very common symptom is a morbid state of the mind, accompanied by low spirits. As a man with any trouble in his testes is in the slough of despond, so will a woman be when her ovaries are turged and dislocated. The psychical sphere of man and woman seems to be conditioned very much by the sexual sphere.

I now come to the diagnosis, but this we shall study in the living subject, for then it will be better impressed on your memories. I shall now bring in a patient, who, for obvious reasons, has been kept in the waiting-room until this moment.

She is a short woman, with an unusually broad pelvis, aged thirty-five. She dates her illness from her last labor, which took place some three years ago. Her symptoms are low spirits, crippled locomotion, and such pain during the act of defecation that I was misled into the belief that she had an anal fissure. In addition to these, she complains of menorrhagia, of dysmenorrhoea, and of the usual symptoms betokening uterine trouble. The conjugal relations are painful, but not wholly interfered with. The cervix is torn, the womb bulky, and its body bent acutely backward. The sound gives a measurement of plus three inches. These are facts which I gained a week ago by a careful examination, and I shall not take

up your time by verifying them. Suffice it to say, they denote arrested involution after her last labor. What I wish now to impress upon you is the mode of discovering the ovaries when prolapsed. As my index finger reaches the *cul-de-sac* of the vagina, it is arrested by a small tumor, which is quite tender. This I can trace directly into the cervix, and, therefore, I know it to be the retroflexed body of the womb. But on each side of it my finger discovers two smaller bodies. One of them lies so low down that it can be outlined. The other is higher up, but still a definite idea can be gained of its form, which is a flat ovoid. The slightest pressure on each of these bodies makes the woman flinch. But now comes the crucial test, as I press either one against the sacrum, the woman complains of what she calls a "sickening pain." Now, should I increase the pressure and make one of these bodies slip suddenly away from under my finger, as boys let fly a cherry-stone, such a thrill of indescribable pain would dart through her groin and down the inside of the corresponding thigh, that she would scream out and become deathly sick. It is that peculiar pain which all of you have felt when a blow has been received on analogous organs. I shall not, however, subject her to this ordeal, for I am quite satisfied with my diagnosis. The position of these bodies, and the character of the pain elicited from them, tells the whole story, for no other organ but an ovary can give such a history.

Well, the diagnosis having been established, how shall we treat this woman? As far as medicines are concerned, we must choose those which lessen the engorgement of the reproductive organs. I shall, therefore, prescribe thirty grains of potassic bromide, and ten drops of the tincture of digitalis, to be taken thrice daily in a tablespoonful of the compound infusion of gentian. Each of these medicines is a trustworthy aphrodisiac, and will effectually quench all erectility of these organs. After a couple of weeks, alteratives may come into play, and she will then be put on the use of my favourites—the ammoniac chloride and the mer-

curic bichloride. They can be advantageously administered after the following formula :—

R.—Hydrargyri chloridi corrosivi, gr. j.

Ammonii chloridi, ʒij.

Mist. Glycyrrhizæ co., fʒvi. M.

S. One tablespoonful after each meal, in a wineglassful of water.

The paregoric in this mixture helps to control the aches, the antimony adds its quota to the needed alterative action, and the licorice disguises the harsh taste of the ammoniac chloride. Another very excellent alterative and nervine is the auric and sodic chloride. This I shall hold in reserve to fall back upon, should no response come from the mixture. It will be made into a pill, and given after each meal in increasing doses, beginning with one-eighth of a grain and not exceeding one-quarter of a grain. Conjoined with this treatment, such a local one should be addressed to the womb as tends to lessen its engorgement, and, thereby, the ovarian congestion. Among the best are scarification, douches of hot water, iodized phenol, and vaginal suppositories of iodoform and of belladonna.

Pessaries are important adjuvants in all cases in which the womb is retroverted or is retroflexed. But in the simple, uncomplicated cases of ovarian prolapse, they usually do more harm than good. To be of service in keeping up the ovaries, a pessary must be long enough to obliterate Douglas's pouch, and the pressure on the sacral nerves then becomes unbearable. If, on the other hand, it be too short, the ovaries slip down behind it and get badly pinched. These requirements practically exclude the resort to a Hodge pessary, or to any of its modifications. Of hard rubber pessaries, Cutter's bulb is the best. It offers a broad shelf on which the ovaries will sometimes, but not always, lodge. In the long run, I have found Hoffman's air cushion to answer the purpose better than any other; but then, it becomes fetid and soon collapses. Now, by a piece of good luck, I find that a thick and an elastic ring-pessary helps my patient very much, so I shall let well enough alone, and stick to it.

A very excellent way of keeping up the ovaries, one which in every case I adopt, and one which I shall now teach this patient, is the knee-breast posture devised by Dr. C. F. Campbell, of Georgia. Two or three times a day, or more frequently if needful, this woman will unhook her dress, loosen her underclothing, and kneel on her bed as she now kneels on this table. Her body is then bent forward until the breast is brought down to the surface of the bed, while her head is turned to one side and supported in the palm of her left hand. Her knees should be about ten inches apart, and the thighs perpendicular to the bed. If she now refrains from straining, and breathes naturally, a reversal of gravity will be established. With the fingers of her free hand she will next open her vulva. Air will rush in, and the abdomen and its contents will at once sag down. This will, of course, draw up the womb and the displaced ovaries out of the pelvic canal. As it is rather awkward for a woman, while in this posture, to free one hand and reach the vulva, Dr. Campbell advises that, previously to taking this attitude, she should insert into the vagina a small glass-tube open at both ends, and long enough to project externally. This will leave an air-way, and dispense with the use of the fingers. With such tubes as I now show you, I furnish each one of my patients, but you will find a good substitute in the empty barrel of the old-fashioned cylindrical "female syringe," as it is called. After staying in this posture for a few minutes, the woman will remove the tube, and slowly turn over on her side, where she will lie as long as she can. Such constant replacements are of great service, for they lessen the throbbing, they give the limp ligaments a chance of shrinking, and they teach the ovaries good habits of staying at home.

With so intractable a disorder as this one needs to have every possible therapeutic device at one's finger-ends. So put down in your note-books abdominal braces as another mode of treatment. A brace of this kind may not cure, but it will often blunt the edge of the aches, and, to that extent, gives much comfort. You will naturally ask the rationale of its

action. It is this: By pressing the abdominal wall upward and inward the brace forms a shelf on which the viscera rest, and thus takes off a portion of the load from the womb and its ovaries. By virtually narrowing the pelvic aperture, it lessens the space into which the viscera tend to crowd, and, to that extent, protects the pelvic organs. By swinging the pelvis backward, it makes the axis of the upper strait lie more obliquely to the axis of the trunk, and the sum of the visceral pressure now converges, not in the pelvic basin, but on the portion of the abdominal wall lying between the symphysis pubis and the umbilicus.

There is yet another treatment, which, when combined with the knee-breast posture, I deem the best of all, for with it I have been very lucky. It is the treatment devised by my friend, Dr. S. Weir Mitchell, which consists of rest in bed, massage, electricity, and forced feeding. After the patient begins to improve and to fatten up, as she usually does under this treatment, the ovaries are daily replaced by atmospheric pressure, and the result is that they finally go up to stay up. Why is this so? Because, by massage and electricity, the circulation of blood and of nerve-fluid is equalized, and the ovaries are relieved of their turgescence. They become lighter. Then, the increased deposit of fat in the abdominal walls, in the omental apron, and around the viscera, to say nothing of the needful fat-padding in all the pelvic nooks and crannies, increases the retentive power of the abdomen. But there is yet another explanation for this ascent of the ovaries. The gravity of the now fat-laden and overhanging wall of the abdomen, tends to draw toward itself—that is to say, upward—the movable floor of the pelvis. The behavior is like that of a half-filled rubber ball, in which bulging at one portion causes a corresponding cupping at another. This explains the ascent of the womb in women who get fat after the climacteric.

Once in a while, however, such lasting tissue-changes take place in the ovaries as no medication can reach. The hypertrophied glands keep heavy and refuse to

float up. Now, must the unfortunate owner of these organs drag out the rest of her menstrual life, burdened with the distressing ovaralgia, the crippled locomotion, and with all those aches, and pains, and throbs which I have described to you? No, indeed! The source of all this mischief, the ovaries themselves, must be removed. Nor need you fear that such an operation will unsex a woman. In the cases in which it has been performed by myself and by others, it in no wise changed the voice, the appearance, or the character of the woman. It merely brought on, more abruptly than nature does, that change of life which every woman longs to reach, and which, while taking away all hope of future offspring, makes her no less a mother or a wife.

#### HOSPITAL NOTES AND GLEANINGS.

##### *Case of Poisoning by Hydrate of Chloral.*

—E. T., aged forty, civil engineer, was admitted into St. Thomas's Hospital, under the care of Dr. STONE, July 2d. The patient had been found in the comatose condition on the afternoon of the day of admission, at a coffee-house where he had slept the previous night. He had swallowed fifteen drachms of the official syrup of chloral, containing 150 grains of chloral. The remainder, contained in a labelled six-ounce vial, enabled the quantity to be easily measured. The exact time of taking the dose was not known.

On admission, he was in a state of partial coma attended by considerable collapse. The breathing was laboured, the face was flushed, and there was nearly complete insensibility of the conjunctivæ; the pupils were rather contracted, and the extremities blue and very cold. The contents of the stomach, which were of a light yellow colour, were at once evacuated by the stomach-pump. He occasionally moved his hands, but showed few signs of consciousness beyond this. He objected to medicine, and spat out part of it. The temperature was 98.6°; pulse 108, very feeble and compressible; cardiac impulse insensible; respirations 36. Four hours afterwards the temperature was 100.6°: the pulse 108 and stronger; the respirations 42. The cardiac impulse,



which was previously scarcely perceptible, was readily to be felt.

July 3. Temperature 99°; pulse 108, very feeble and compressible; respirations 28; face flushed, pupils contracted, hands cold; rather restless, tossing about in bed and occasionally trying to get up; fairly sensible; perfectly rational, answering in monosyllables. No disease of any organ was detected on examination.

4th. Drowsy, but answering rationally; careful not to commit himself to any damaging statement, and probably telling falsehoods. Pupils sluggish, but act well after excitement. Pulse feeble, rapid, and readily accelerated after excitement, rising to about 128; respirations 32, not stertorous. Distinct sweet odour of breath, resembling that of chloroform. The urine was passed involuntarily at first, but afterwards consciously. The hands are cold, the feet fairly warm. No fulness of jugulars, no pulsation of carotids, no spasm, and no paralysis.

The patient recovered without further symptoms. His recovery was, however, retarded by two small blisters on the feet, which suppurated, and by a red, brawny, circumscribed patch on the right buttock. Of these injuries he could or would give no account; they were probably burns and a bruise of accidental nature, self-inflicted during a condition of drunkenness. There was no evidence of suicidal intent. The treatment consisted chiefly of stimulants, half an ounce of brandy with small quantities of ammonia and ether being given every two hours at first, and then gradually reduced in quantity. Mustard-poultices were applied to the calves and præcordial region. The bowels were freely opened by ol. crotonis *mij*. The chief points to be noticed in the cases were (1) the large and accurately ascertained dose; (2) the very considerable variation from the symptoms of chloral poisoning as recorded by Dr. Oscar Liebreich, especially in respect of lowered temperature, slow respiration, and the state of the pupils. (3) The absence of any delirium or mental disturbance; his answers, even during the comatose stage, being not only rational, but cautious and deliberate.—*Med. Times and Gazette*, Sept. 6, 1879.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*Self-Limitation in Cases of Phthisis.*—At a recent meeting of the New York Academy of Medicine (*Med. Record*, July 19, 1879), Dr. AUSTIN FLINT read a suggestive and interesting paper upon the above subject. It was more than forty years since Jacob Bigelow applied the term "self-limited" to certain diseases, and gave to it the following definition: "By a 'self-limited' (disease) I mean one which receives limits from its own nature, and not from foreign influences, which, after obtaining a foothold in the system, cannot, in the present state of our knowledge, be eradicated or abridged by art, but to which there is due a succession of processes to be completed after a certain time; which processes and time may vary with the constitution of the patient, and may tend to recovery or to death, but are not known to be shortened or greatly changed by medical treatment."

Since the publication of that discourse a host of diseases had been shown to be self-limited, but especially the essential fevers, inclusive of acute pneumonia, and many acute inflammations. By observations made in 1863, Dr. Flint proved that acute articular rheumatism, and also in 1875, that acute dysentery, belonged to that category.

It was interesting to inquire, in different diseases and in different cases of the same disease, how far the course and termination might be due to self-limitation. The object of this paper was to inquire how far the favourable course and ending of pneumonic phthisis were determined by self-limitation. So long ago as 1858, he published a paper in the *American Journal of the Medical Sciences* in which it was claimed that pulmonary phthisis might be self-limited, and an analysis was given of twenty-four cases which had terminated in recovery.

That claim had been renewed in 1868, in a paper that appeared in the published Transactions of the New York Academy of Medicine, and it had since been reiterated in his work upon the Practice of

Medicine, and more recently in his work upon Phthisis. Of all diseases, phthisis was the least expected to end favourably from intrinsic tendency. The cessation of its progress was considered as implying some extrinsic agency by means of which it had been arrested.

*Things necessary to be established.*—Dr. Flint inquired, What was necessary to establish the fact of a favourable course, and to prove of any other disease that its favourable course and termination were due to self-limitation? A disease belonged in that class when it ended in recovery independent of hygienic or therapeutics; in other words, when the favourable course, and termination were due to intrinsic tendency, even though they were promoted by judicious treatment. On the other hand, a favourable intrinsic tendency might be obstructed by injudicious treatment.

Self-limitation could not be inferred from a single case, or a few cases, because the course and termination of disease might be affected by influences which were extrinsic, but not apparent. The cases observed, therefore, must be large. They must be carefully and honestly observed. There must be no room for doubt with regard to the accuracy of diagnosis. At once the difficulties became obvious which prevented the requisite study and observation, and the cases in which the requisite conditions were fulfilled were rare. But during a period of thirty-four years Dr. Flint had observed the histories of a number which he believed to be amply sufficient to establish the statement that—

*In certain cases pneumonic phthisis, or pulmonary consumption, ceased to be progressive and might end in recovery from self-limitation.*—He had not included acute tuberculosis under that head, and had also excluded the disease known as interstitial pneumonia or fibroid phthisis. He should consider the term pneumonic phthisis as applicable to all cases of phthisical disease exclusive of acute tuberculosis and interstitial pneumonia.

Of 670 cases of phthisis, the list embracing a few cases of acute tuberculosis and interstitial pneumonia, 44 ended in

recovery. In 31 cases the disease ceased to progress, remained non-progressive for several months, and in a majority of the cases for many years. In 31 cases the phthisical disease might be considered as having ended, complete recovery not taking place. Those 31 cases he regarded as hardly less valuable in the study than those which terminated in recovery. In 75 cases, therefore, there was either recovery from phthisis or the disease ceased to progress.

Such a collection of cases offered a rich field with reference to several points of inquiry; but only one was taken up, namely, the proof of self-limitation.

*In how many of the cases was it evident from the history that the cessation of the disease was not due, and its progress not arrested by medicinal or hygienic treatment?* Answer to that question furnished proof of self-limitation.

*Medicinal Treatment.*—Of the 44 cases which ended in recovery, there were 23 in which there was no medicinal treatment to which arrest of the disease could be attributed. In the remainder of the cases medicinal treatment consisted in the use of simple tonics, but in none of them could the treatment be considered curative.

Of the 31 cases in which the disease was non-progressive without recovery, there were 15 in which there was no medication by which the disease was controlled, and in several none whatever.

In the two groups of cases, namely, those ending in recovery and those in which the disease was non-progressive, medicinal treatment was absent in about equal proportion; in the first group, 23 of 44; and in the second group, 15 of 31.

*Hygienic Treatment.*—In a considerable proportion of cases change in climate and other hygienic measures were not of such a character that potential influence could be attributed thereto.

Dr. Flint then referred to cases already published in his work on Phthisis, the histories of which he claimed established self-limitation in cases of phthisis.

He was unable to quote any authors who declared in distinct terms that

phthisis was a self-limited disease. The curability of phthisis, however, was by no means a novel doctrine. All observers of much experience agreed that patients had recovered from pulmonary phthisis even after the formation of cavities, but in all those instances the disease had been supposed to be cured sometimes by medicinal, sometimes by hygienic treatment, or by both combined. The position had not been taken by others that the recovery was spontaneous in some of those instances.

Dr. Flint's first object was to show that he had been warranted by facts in taking the position that self-limitation, in cases of phthisis, was established.

His second object was to speak of self-limitation as bearing upon conclusions drawn with respect to the treatment of phthisis. If the disease ended in recovery, exclusively from intrinsic tendency, it was evident that self-limitation must be more or less concerned in cases in which recovery took place under different measures of treatment; that it was a factor co-working with certain measures. When that factor was feeble or wanting, curative treatment would not probably be of much avail. Allowance must be made for that factor in estimating the value of curative treatment. The extent of its working must be different in different cases; sometimes considerable, sometimes moderate, and sometimes slight. Recovery from phthisis, in order to become proof of the success of any method of treatment, must take place in a number of instances, so large as to render it certain that the real agency could not have been self-limitation. It would be unjust to say that therapeutics were powerless, because when combined with self-limitation they would probably save many cases which would not otherwise recover.

*Change of Climate.*—Dr. Flint regarded change of climate as a most important measure in the early stage of the disease. With reference to the part of the world best suited for consumptive patients, experience was discrepant. He then referred to two patients who visited Nice; one was loud in praise of that locality for consumptives, and the other was equally

energetic in disparagement of Nice. Self-limitation in one was effective, in the other it was wanting. The only scientific plan of investigation respecting changes of climate was to study results in a considerable number of cases. Dr. Flint then made an analysis of 74 cases in which temporary change of climate was an important, and in some the chief measure of treatment. Of the 74 cases, 9 ended in recovery, and in 13 the disease was non-progressive. 22 out of 74 cases were regarded as a number sufficiently large to warrant the conclusion that more or less curative influence was due to climate. To those were added other cases in which the disease was slowly progressive, and in only 11 of the 74 cases did it appear that there was no improvement following change of climate.

One of the most striking recoveries took place in New York City, and without any important medication.

The inquiry with regard to the best place for consumptives was important, but for lack of time it was essentially waived with the remark that the selection of the resort must be governed by the circumstances proper to each case. The same remark was applicable to other hygienic measures. An important point in the clinical study of phthisis, with reference to effect produced by change of climate and hygienic measures, was to make a correct estimate of the influence of self-limitation in determining a favourable course of the disease.

*Third.* Dr. Flint offered some remarks with regard to symptoms and signs by means of which judgment must be formed with reference to the influence of self-limitation in individual cases of phthisis. Was it possible to judge whether there was an intrinsic tendency to a favourable course and termination? The symptoms which warranted hope, sometimes even an expectation of a favourable course and termination, related especially to the circulation, to body heat, to alimentation, and to nutrition. Persistent frequency of pulse, fever, anorexia, and progressive emaciation, opposed reliance on self-limitation. In proportion as phthisis was well tolerated, there was room for hoping that



the disease would prove self-limited. If tolerance was limited, self-limitation was proportionately weak or wanting. There were abortive cases of phthisis as well as of other diseases, evidenced by phthisical lesions found at the apex of a lung post mortem, without clinical history. Self-limitation might be exemplified, notwithstanding a large area of consolidation followed by cavities of considerable size. Confinement of the affection within circumscribed limits, that is, an absence of signs indicating progressive extension and general diffusion, were the most reliable points for a favourable prognosis. Heredity was not incompatible with an intrinsic tendency to recovery, and reference was made to an illustrative case in which both parents, three sisters, and three brothers died of phthisis.

In conclusion, Dr. Flint remarked that his histories afforded proof that profuse and repeatedly occurring hæmoptysis, chronic laryngitis, pleurisy with effusion, and perineal fistula, were not by any means in all cases unfavourable with regard to prognosis based upon self-limitation.

*The New Library Hall of the New York Academy of Medicine.*—The new library hall of the New York Academy of Medicine, No. 12 West Thirty-First Street, was formally dedicated on the evening of October 2d, in the presence of a large audience. The new hall measures 28 feet in width by 50 feet in length, and is two stories in height. It forms an extension to the building which was purchased by the Society some four years ago, at a cost of \$42,500, and which they have already found to be too small for their purposes. The entire lot of 128 feet in depth is now covered by the combined structures. The first floor of the hall has been fitted up as a lecture room, and can accommodate 200 persons. The ceiling is lofty, having been carried up to the height of the third floor, a wide gallery extends around all four sides of the room, and communicates with the second floor of the main building through a wide archway, and affords shelf room for the larger portion of the

Academy's library. The most approved methods of ventilation have been adopted. In the centre of the ceiling is a large double skylight, with a space between the upper and lower sashes of about five feet. The lower sash bears the coat of arms of the Society, beautifully finished in coloured glass. Around this lower sash is a space about six inches wide, just beneath which a border of gas jets, sixty-four in number, is placed. By means of this arrangement the room is lighted, and, the flames producing a current of air, the hot, foul air of the room rushes upward and outward through the upper skylight, while its place is supplied by fresh air admitted through ventilators near the floor. A black marble tablet set in the wall at the head of the room bears the following inscription in letters of gold: "This hall, the gift of Abram DuBois, M.D., generous benefactor of the New York Academy of Medicine, was erected A. D. 1879."

The walls of the hall were adorned with a very valuable and interesting loan collection of portraits of local medical celebrities, mostly of by-gone days.

Dr. Fordyce Barker, President of the Academy, opened the proceedings with an address, chiefly historical, and in conclusion he unveiled and presented to the Academy a beautiful marble bust of Mr. Spencer Wells, which was cut by Professor Liebreich, the distinguished London ophthalmologist, and was greatly admired at the last exhibition of the Royal Academy. Addresses were also made by Prof. Acland, of the University of Oxford; by Prof. Gross, of Philadelphia; Dr. Billings, U. S. A., Librarian of the National Medical Library; Dr. Shattuck, of Boston; Dr. Willard Parker and Dr. Austin Flint, of New York. After the addresses, the company was invited to partake of a collation generously provided by Dr. Barker.

The Academy has a mortgage debt of \$10,000. Its library contains about ten thousand volumes, and regularly receives about seventy-five current American and foreign medical periodicals and records of medical and other learned societies. Its collection of early American journals is very valuable, and was the gift of Dr. Samuel S. Purple.

*American Public Health Association.*—

The next meeting of this Association will be held at Nashville, on the 18th to the 21st of November, and it is announced that there will be a discussion on the practical questions connected with the management of an actual or threatened outbreak of yellow fever. The discussion will be prefaced by the reading of several papers by members of the Association who have been actively engaged in this practical work during the prevalence of the existing epidemic in Memphis and elsewhere.

In order to give definite directions to the discussion the executive committee has adopted the following schedule of the points to be especially considered:—

1. How to deal with a city in the yellow-fever zone in order to prevent the appearance of a first case.

2. How to prevent the importation of a first case.

3. How to deal with a first case and early cases generally when, in spite of precautions under first and second headings, it has made its appearance.

4. The duty of local boards of health, or other health authorities to report such cases promptly, even though there may be some doubt as to the diagnosis. Whether the knowledge that such reports would be faithfully made would not have a tendency to allay apprehensions and give confidence to other communities while warning them of the importance of making preparations for contingencies.

5. Under what circumstances may it become necessary or expedient to remove the unacclimated portion of the population from an infected place? How may this be effected for the poorer classes of the population, and how should the people thus removed be cared for and supported.

6. Measures for isolating a dangerously infected place.

7. Organizations for the relief and treatment of the sick in an infected city.

8. Measures for preventing the spread of the disease from an infected place by railroads, including the management of transfer stations.

9. Inspection of steamboats at an infected place and at intermediate stations

between the port of departure and their final destination. Should stations of observation be established by the National Board of Health? If so, what should be their relations to the health authorities of the States within whose territorial limits they may be established?

10. Results of the co-operation and aid given by the National Board of Health to State and municipal boards under the provisions of the Act approved June 2, 1879. What suggestions may be made to render this system more efficient?

**OBITUARY RECORD.**—At Cincinnati, on the 15th of August, MARMADUKE B. WRIGHT, M.D., Emeritus Professor of Obstetrics in the Medical College of Ohio, and Consulting Obstetrician to the Cincinnati Hospital.

Dr. Wright was an accomplished obstetrician: he was bold in conception, fertile in resource, and skilful in operation. His claims to the discovery of cephalic version by combined external and internal manipulation are now generally admitted. He was a good teacher, a successful practitioner, and a useful citizen.

— at Cincinnati, on the —th of October, aged 61, JAMES GRAHAM, M.D., Emeritus Professor of the Practice of Medicine in the Medical College of Ohio.

Dr. Graham was born in New Lisbon, Ohio, in 1818, and graduated in Medicine at the University of Pennsylvania. He was elected to the Professorship of Practice in the Medical College of Ohio in 1854, and held the position for twenty years. He was a gifted teacher, a keen diagnostician, a skilful practitioner, and a reliable consultant. He enjoyed in a singular degree the confidence and affection of his patients, and the respect and esteem of his associates.

**FOREIGN INTELLIGENCE.**

*Signs of Death by Drowning.*—MM. BERGERON and MONTANO (*Annal. d'Hygiene*) have arrived at the following conclusions on the subject of death by drowning: 1. The presence of frothy foam, not only in the pharynx and larynx, but also in the bronchi, is the constant sign of

death by submersion, whether syncope or asphyxia predominated in the mode of death, and whether the individual was free in his movements or was thrown into the water after having been made insensible by opium or chloroform, or was partly suffocated, or was fettered in his action. This absolute constancy of the presence of foam, whatever the special condition in which the submersion occurred, is, in the opinion of the authors, the single sure uniform sign proving death by drowning. 2. There is always a certain degree of congestion, and sometimes subpleural ecchymoses are seen; but these ecchymoses, which give the lungs a spotted or speckled look, are unlike the punctate ecchymoses of suffocation. 3. The intensity of the hyperæmia, and the extent of the ecchymoses, are always in proportion to the efforts of the animal whilst struggling against submersion. It is the same also with the human subject, as has been verified in all necropsies made by the authors at the morgue in Paris during the last ten years. This fact permits one at a necropsy to learn concerning what passed in the last moments of life, to know whether or not the individual struggled long and vigorously during the act of drowning.—*British Med. Journal*, Oct. 4, 1879.

*Syphilitic Affection of the Placenta.*—A very interesting observation of placental syphilis was presented at a recent meeting of the Académie de Médecine by M. HERVIEUX. A young girl of twenty-two years of age, five months pregnant, had contracted well-characterized syphilis. She, however, was confined at the full period of a well-shaped child in good health, but there existed in the placenta from fifteen to eighteen mammillated tumours, which Dr. Hervieux considered to be gummas. His opinion was contested by Dr. de Paul and Dr. Larnier; but, whatever may be the true nature of the lesions, the case is one of a very interesting character.—*British Med. Journal*, Oct. 4, 1879.

*Influence of Medicinal Agents on the Fœtus.*—Dr. KURASSOW reported (*St. Petersburg Med. Woch.*, Sept. 20) to the St. Petersburg Medical Society the results of

some experiments which he had performed. In three instances a drachm of chloroform, and in six from a scruple to half a drachm of chloral hydrate, was administered as an enema to a woman in labour, sometimes in a single dose, and at others in several times. They were as follows: 1. Both substances given in medium doses exert a decided effect on the fœtus. 2. Both appear to act in a similar manner. 3. At first a stimulant effect is produced, as shown in the more active movements of the child, and in the increase in force and rapidity of the action of the heart. Later this action becomes less forcible and slower, and the movements of the child are exerted less readily. 4. The effect is induced rapidly, viz., in five, or at latest ten minutes. 5. Chloral acts more rapidly and forcibly than chloroform, even when chloroform-narcosis is produced. 6. Chloroform can always be detected in the blood of the funis. 7. After injection of chloral a slight excitement is also produced in the mother, which is followed in two or three hours by a diminution of temperature.—*Med. Times and Gazette*, Oct. 11, 1879.

*Subconjunctival Entozoa.*—Under this title, Dr. FIEUZAL has published in the *Gazette Hebdomadaire*, September 12, a paper which he read at the recent congress at Montpellier, giving an account of two cases of subconjunctival hydatids that he has met with at the Clinic of the Hospice des Quinze-Vingts, of which he is senior physician. One of these occurred in the person of a girl sixteen years of age, the cyst containing the *tænia echinococcus* having formed amidst the fibres of the rectus externus, producing a tumour as large as a chestnut. The other occurred in a girl three years of age, and consisted in a tumour the size of a nut, placed between the insertions of the rectus inferior and the rectus internus. On the extirpation of the tumour a vesicle the size of a cherry was removed intact, containing a *tænia solium*.—*Med. Times and Gazette*, Oct. 4, 1879.

*Changes in Volume of the Spleen.*—The functions of the spleen are still so little known, that considerable interest attaches

to all researches relating to the subject. A note lately addressed to the Académie des Sciences by M. PICARD describes some recent investigations which he has made on this point. The nerve-fibres, he says, which are distributed to the spleen are known in respect of several of their physiological properties. It is known that this organ receives motor nerves; since, when the splenic nerves are cut and irritated on the peripheral side, they produce contraction of the spleen. It is known also that it receives, in respect of nervous centres, irritation of the central ends of the same nerves producing pain. We know, moreover, at least partially, the course followed by the motor filaments, since the irritation of the peripheral ends of the splanchnic nerves produces the same effect as that of the peripheral ends of the splenic nerves themselves. But if these facts are well established, it is none the less true that they do not suffice to enable us to understand the changes in volume which are produced in the physiological state of the spleen; they do not indicate to us in any way the process which leads to the dilatation, and are equally incapable of explaining to us how the contraction is produced. "I have," says M. Picard, "very carefully endeavoured to elucidate these important points, and if I have failed to arrive at any result as to the nervous mechanism which determines their dilatation, I have at least succeeded in determining a contraction by reflex action, as the following experiment will show. In a dog in the act of digestion, the spleen was drawn outward from an opening in the left hypochondrium. A short time was allowed to elapse, until the phenomena of excitation by the air and cold had disappeared and the organ appeared in partial paralysis. This state was recognized by various characteristics. The surface becomes smooth, the colour more or less violet bluish, and the consistence soft. At this moment, the left pneumogastric nerve was laid bare and divided, and its central end irritated with an induced current. Under the influence of this centripetal action, phenomena were observed in respect to the spleen identical with those which the excitation of the

peripheral ends of the splenic nerves would produce; the general volume of the organ was diminished by the loosening of its length, of its breadth, and of its thickness. Its colour became a pale red, its consistence became firmer, and its surface unequal and rough. In a word, by this action the contraction of the spleen had been determined. This result clearly ascertained, things were allowed to return to their former state, and then the right pneumogastric nerve was cut, and its central end was acted on by the induced current. This action produced exactly the same phenomena which had been observed while acting on the left nerve, and also determined in a similar manner contraction." From this experiment and the facts related above, it may be concluded that the contraction of the spleen in normal life results from a sensitive action which reaches centres following the trunks of the two pneumogastric nerves, whilst the centrifugal action which follows it passes along the spinal cord and the splanchnic nerves. If it be easily ascertained by experience how to excite contraction of the spleen, whether direct or reflex, it is, on the contrary, not possible to obtain the inverse effect—dilatation. M. Picard was unable to obtain this by nervous centripetal excitation. In the presence of these negative results, he is led to think that this state may well result simply from the modifications which the circulation of the vena portæ undergoes in normal life. When the circulation of the vena portæ is very active, that organ gradually dilates, as occurs when the course of the blood is disturbed even slightly in the splenic vein; in other words, the dilatation of the spleen would result from nervous dilating influences exercised by the digestive organs, whilst this contraction would result from a special well determined nervous action.—*British Med. Journal*, Aug. 16, 1879.

*An Almond-Shell in a Bronchus.*—The following curious case is published in No. 54 of the *Allgemeine Med. Central-Zeitung*, 1879. A servant-girl, aged 19, swallowed one evening a piece of an almond-shell. She began to cough immediately after the



accident. The cough lasted through the night, and was accompanied by vomiting, dyspnoea, and severe pain in the throat. The pain gradually extended over the right half of the thorax, and the patient expectorated a very offensive bloody sputum. When she presented herself at the hospital three weeks later, slight dulness was found on the right side of her back, extending from the middle of the scapula downwards; the breath-sound was feeble and vesicular on the back; sonorous rhonchi were heard in front on the right side and in the right interscapular space. She complained of pain in front of the upper part of the thorax when coughing. There was no fever. Five days later, pleuropneumonia of the right side broke out, which was only definitely cured after two months and a half, when the patient left the hospital feeling well, with the exception of the above-mentioned sensation of pain when coughing. The sonorous rhonchi could still be heard. Three weeks later, she again felt very unwell, and re-entered the hospital. A few days afterwards, during a violent fit of coughing she coughed up a piece of rough almond-shell with ragged borders. It measured nearly nine-tenths of an inch in length, more than a sixteenth of an inch in breadth, and was one-third of an inch thick. The patient recovered rapidly. It is remarkable that a foreign body of such a size could be aspirated into the bronchi, and that not more injury was caused by its roughness and ragged edges. — *British Med. Journal*, Sept. 6, 1879.

*Influence of Singing upon Health.*—The *St. Petersburg Weekly Med. Journ.* writes: Professor Manassein of this city has published the result of a most interesting inquiry in which he has been engaged. He has made an examination of two hundred and twenty-two singers, varying in age from nine to fifty-three years, with particular reference to their chest-measurement and pulmonary condition, as compared with persons who are not singers. He finds that the size of the chest is greater among singers than other classes, and that the relative advantage increases with the age of the vocalists. Among

singers who drink, he is convinced the habit prevents the due development of the chest. The vital capacity of the lungs is also greater in vocalists than in other persons. Singers often suffer from soreness of the top of the throat, but seldom from bronchial catarrh; and the mortality from phthisis among them is, therefore, small. Vocalists, both drinkers and non-drinkers, are, however, more subject to Bright's disease than people who do not sing. Singing is an excellent prophylactic for incipient consumption; and, as a means for the development and strengthening of the chest, is more efficacious than gymnastic exercises. — *British Med. Journal*, Aug. 23, 1879.

*The Temperature of the Stomach.*—For several years, Dr. WINTERNITZ, of Vienna, has held the opinion that the temperature of the stomach may be ascertained by means of a short maximum-thermometer introduced through a tube. The idea has been carried out, under his direction, by Herr Griener, an optical instrument maker in Munich. He has made a maximum-thermometer six centimetres (about 2.4 inches) long, slightly curved in the lower third in order to pass easily over the root of the tongue and the larynx. The scale of the instrument extends from 35° to 42° Celsius (95° to 107.6° Fahr.), and is graduated in tenths of a degree. At its upper end is a small glass ring, through which is passed a strong thread, the ends of which are brought out through a stomach-tube. The upper end of the thermometer is also fastened to the tube by means of a solution of gutta serena. The tube, with the thermometer, is then introduced into the stomach in the same way as the stomach-pump. It has been found by experiment that the thermometer can be introduced into the stomach in from five to ten seconds, and that from fifteen to twenty seconds elapse before the mercury rises. The maximum temperature is reached in four or at most five minutes. If resistance to the passage of the tube be produced by the irritability of the larynx or œsophagus, the thermometer may be cooled by means of ice, which retards the rising of the mercury for a minute and a

half or two minutes. Dr. Winternitz has also endeavoured to ascertain the effect of cold injections into the rectum on the temperature of the stomach; and has found that irrigation with 1000 cubic centimetres of water at 52° Fahr. (11° Cent.) for twenty minutes caused a fall of nine-tenths of a degree (Centigrade); the temperature of the stomach falling below that of the axilla. This confirms the already existing belief, that the body-temperature can be lowered by the injection of cold water into the rectum. Dr. Winternitz says that he has found cool enemas and rectal irrigations to exert a powerful influence on the temperature in cases of hyperæmic and inflammatory affections of the stomach, liver, spleen, and neighbouring organs.—*British Med. Journal*, Aug. 16, 1879.

*Myopia and the Colour of the Eyes.*—M. NICATÉ stated (*Progrès Méd.*, Sept. 18) at the meeting of the French Society for the Advancement of Science that as one of the results of his examination of 8434 eyes in relation to myopia at Marseilles, this defect was observed far more frequently in light than in dark eyes, blue and gray furnishing 18 per cent., and black and brown eyes only 11.27 per cent.—*Med. Times and Gazette*, Oct. 4, 1879.

*A New Material for Filters.*—A report has been made to the Secretary to the Admiralty by Major CREASE, Royal Marines, on the filters at present in use in the Royal Navy. Speaking of the carbon which is at present used as a filtering medium, Major Crease points out that it has one disadvantage—viz., instead of clearing out, it rather affords to the water passed through it, materials which assist in the development of some of the lower organisms. Spongy iron has not this disadvantage, but is slow in its action, and occupies much space in a filter. A newly devised carbonized mineral, which has been called carferral, and which combines carbon, iron, and silicate of alumina, has been experimented upon by analytical chemists, and the results of their examination are stated to be that it has all the advantages of spongy iron and carbon

without any of their drawbacks. The use of carferral is therefore recommended for filters in the Royal Navy.—*Med. Times and Gazette*, Oct. 11, 1879.

*International Medical Congress, Amsterdam, 1879.*—The sixth International Congress of Medical Science was held at Amsterdam, September 7th to 18th, under the Presidency of Professor Dondera, of Utrecht. Doctor Guye was elected Secretary-General. Professors W. Tilanus, of Amsterdam, and Bouillaud, of Paris, were elected Honorary Presidents. And the following Vice-Presidents: Verneuil, for France; Lister, for England; Virchow, for Prussia; Schmitz, for Austria; Grosz, for Hungary; Crocq, for Belgium; Palasciano and Semmola, for Italy; Kock, for Luxembourg; Silva Amado, for Portugal; Sayre, for the United States; and Marconi, for Roumania.

A number of valuable papers were read, abstracts of the more important of which will be hereafter laid before our readers.

The Congress closed with a banquet offered by the profession of Amsterdam to their foreign colleagues. The next meeting will be held in England.

One of the most remarkable features of the session was the popular ovation accorded to Mr. Lister when he arose to address the Congress on the antiseptic system. He was greeted with great enthusiasm by the largest audience that was assembled at any meeting of the Congress, was listened to with marked attention, and at the conclusion of the address he received the same enthusiastic applause with which his appearance was greeted.

Dr. Sayre, of New York, demonstrated before the surgical section his method of treating spinal curvature by suspension and the plaster-jacket, and was also the recipient of marked applause. At the reception by the civic authorities given at the Hotel de Ville he replied, in the name of the United States, to the welcome addressed to the Congress, and made a happy reference to the fact that New York was first called "New Amsterdam," and to the pleasure it afforded him as one of her sons

"to express the imperishable debt of gratitude she owes to the Old Amsterdam which now welcomes representatives of America to this Congress."

Of the private entertainments the most notable were a dinner given by Prof. Sayre, of New York, to about fifty of the more distinguished members of the Congress, and a farewell banquet by the President, Prof. Donders.

*The Library of the Royal Medical and Chirurgical Society.*—This library was started in 1805, and now comprises upwards of 31,000 volumes. The society has just published a catalogue of its collection in three large volumes—two devoted to an alphabetical list of authors, transactions, etc.; and the third to an index, catalogue of subjects—one main and novel feature of the latter being the grouping of the works on each subject in chronological sequence.

*Canada Medical Association.*—The 12th annual meeting of the Canada Medical Association was held at London, Ont., on the 10th ult. Dr. John Donald, President, in the chair. A number of scientific papers were read. Dr R P. Howard, of Montreal, was elected President for the ensuing year, and the Association adjourned to meet in Ottawa on the first Wednesday of September, 1880.

*Prof. Hebra.*—The *Allg. Wiener Med. Zeitung*, announcing that this distinguished dermatologist has been made a Hofrath on account of the great services which he has rendered to science, observes that this is a well-deserved recognition of the deserts of one who is an ornament to the Vienna School of Medicine, to the celebrity of which he has so much contributed for more than thirty years.—*Med. Times and Gazette*, Oct. 4, 1879.

*Alexis St. Martin.*—Alexis St. Martin, the well-known fur trapper, who had an artificial gastric fistula, and was the subject of Dr. Beaumont's valuable experiments on digestion, is said to be still alive, at the age of seventy-eight, and to be

residing at St. Thomas, Joliette County, Province of Quebec, Canada. He is reported to be in straitened circumstances.

**OBITUARY RECORD.**—At sea, on the 20th of October, GEORGE WILLIAM CALLENDER, F.R.S., Surgeon to, and Lecturer on Surgery at St. Bartholomew's Hospital.

Mr. Callender's many friends on this side of the water will learn with sincere regret the sad termination of his holiday trip to this country. He arrived here accompanied by his two elder daughters, at the end of August, apparently in excellent health; a month later he began to experience fatigue in travelling, which was aggravated by the extreme heat of the season, to which he was unaccustomed. In the early part of October, while in Philadelphia, he suffered from malaise, dyspnoea, and other symptoms, the gravity of which led him to seek medical advice. Dr. Da Costa was called in, and found him labouring under unsuspected advanced Bright's disease, of a chronic form. Notwithstanding his extremely ill condition, it was deemed advisable, after careful consideration of his case, in consultation with Drs. Bartholow and Levis, to yield to his strongly expressed desire to return home. Accordingly, on the 15th of October, he was conveyed on a stretcher by a special train to Jersey City, and thence by a tug to the steamship Gallia. He bore this part of the journey so well as to encourage his friends in the hope of his reaching England and passing his last days at home, but a cable dispatch from Queens-town informs us of his death when five days out. While sick in Philadelphia he was the guest of friends from whom he received every attention that kindness and sympathy could suggest.

Mr. Callender was not only an accomplished surgeon and a careful operator, but a man of wide general culture. Although not a prolific writer, his contributions always commanded attention as the results of a large experience and of careful observation. He held the positions of Surgeon to the Charter House, and Examiner in Anatomy at the University of London. In 1877 he was elected President of the Clinical Society of London.

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